



# Provider Bulletin

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## TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

## PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday  
8am - 4pm

# CalHealthCares Loan Repayment Application Period Opens January 2020

The Proposition 56 loan repayment program administered by CalHealthCares will begin accepting applications for year two in January 2020. **The application period opens January 13, 2020 and the deadline to submit is 11:59pm (PST) on February 7, 2020.**

Eligible dental providers may apply for either a loan repayment up to \$300,000 in exchange for a five-year services obligation or a practice support grant up to \$300,000 in exchange for a ten-year service obligation. All dental specialties are eligible. All awardees are required to maintain a patient caseload of 30 percent or more Medi-Cal members.

Visit the [CalHealthCares website](#) for:

- Webinars beginning December 11, 2019
- Eligibility Requirements
- Frequently Asked Questions
- Checklist
- Applicant instructions
- Employment Verification Form
- Health Professional Shortage Area Instructions
- Information about important deadlines

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Information about CalHealthCares was originally announced in Provider Bulletin [Volume 35, Number 13](#). If you would like to be added to the CalHealthCares email list, send an email with the subject “subscribe” to [CalHealthCares@phcdocs.org](mailto:CalHealthCares@phcdocs.org). For questions about the CalHealthCares program, visit the website or contact PHC at (916) 551-2579.

## Application of Fluoride Varnish

The Department of Health Care Services encourages providers to read the article, *Review of Safety, Frequency and Intervals of Preventive Fluoride Varnish Application for Children*, which appeared in the November 2019 publication of the California Dental Association (CDA) Journal. The article was co-authored by several medical and dental professionals and university researchers in support of multiple applications of Fluoride Varnish by both medical and dental providers as an effective, inexpensive, and safe preventive treatment. Providers can find the article on CDA’s website [here](#).

Under the Medi-Cal Dental Program, Fluoride may be administered:

- a. once in a four month period for patients up to the age of six.
- b. once in a six month period for patients from the age of six to under the age of 21.
- c. once in a 12 month period for patients age 21 or older.
- d. once in a four month period for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

As noted in Provider Bulletin [Volume 35, Number 15](#), the frequency of procedure D1206 (topical application of Fluoride Varnish) or procedure D1208 (topical application of Fluoride- excluding varnish) increased to once every four months for patients up to the age of six in alignment with the American Academy of Pediatric Dentistry guidelines.

For more information about Medi-Cal Dental’s Fluoride policy, please refer to Provider Bulletin [Volume 35, Number 15](#) or Provider Handbook [Section 5 – Manual of Criteria and Schedule of Maximum Allowances](#).

## Child Health and Disability Prevention (CHDP) Care Coordination

The Department of Health Care Services (DHCS) Child Health and Disability Prevention (CHDP) Program is California’s preventive health assessment program for fee-for-service Medi-Cal members under 21 years of age. The CHDP Program fulfills the early and periodic screening component of the federal Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for this population.

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Local CHDP programs link children who have physical, developmental, behavioral or oral health issues to appropriate providers. This includes preventing lapses of care and maintaining the continuity of dental care for those in need.

The CHDP program mission includes linking all children with fee-for-service (FFS) Medi-Cal to dental health services by the first tooth/first birthday, or earlier if a dental-related problem is suspected or detected, and maintaining continuity of dental care for those children/youth in need of treatment, including those at risk of lapses in continuity of care/treatment.

**Effective January 1, 2020**, county CHDP programs are available to assist Medi-Cal dental providers to:

- Minimize the number of Medi-Cal members ages 0-6 years of age who have been referred or scheduled for a dental appointment who have not had dental follow-up/care.
- Minimize the number of Medi-Cal members under 21 years of age with an urgent/emergent dental condition who have not had dental follow-up/care.
- Educate and assist Medi-Cal members whose care is being followed by CHDP to establish a dental home.

Local CHDP programs will orient Medi-Cal dental providers and their staff to dental follow-up assistance and associated processes available through CHDP. Before requesting follow-up assistance, it is expected that the Medi-Cal dental provider will:

- Attempt to reach the family in accordance with current practice standards.
- Utilize existing dental care coordination and/or dental case management resources available to the Medi-Cal member by calling the Medi-Cal Dental Telephone Service Center at (800) 322-6384.

Medi-Cal dental providers participating in Dental Transformation Initiative (DTI) activities may not refer to the CHDP program as a mechanism to substitute for DTI related efforts or to enhance DTI incentive payments.

The Dental Provider Follow-up Request Form below has been developed for dental providers' use and includes identification and contact information, as well as relevant dental history, to permit CHDP to initiate follow-up. The local county CHDP program will provide fax line information and a local version of the form.

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## Dental Provider – Dental Care Follow-up Request Form

### Child Health and Disability Prevention (CHDP) Program

**Fax this form to the Local CHDP Program – fax number (XXX) XXX-XXXX**

Patient will be contacted. CHDP will provide a follow-up report regarding the outcome of the request.

For questions or mailed submissions, please call CHDP Program (XXX) XXX-XXX

Date of Request:

A. Patient Information:				B. Medi-Cal Dental Provider Information:	
Patient Name (Last)		(First)		(Initial)	
Responsible Person Name (Last)				(First)	
CIN Number			Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name	
Birthdate (MM/DD/YYYY)		Sex M/F <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Language		Phone Number
Address				Fax Number	
City, Zip			Address		
City, Zip			City, Zip		
Telephone # (Home/Cell)		Alternate Phone # (Work/Other)		Business NPI Number	
				Rendering Provider Name & NPI Number	

**C. Reason for Request: (Check all that apply)**

<input type="checkbox"/> Facilitation of 1 <sup>st</sup> dental visit	<input type="checkbox"/> Needs follow-up for diagnosed problem Explain:	<input type="checkbox"/> Specialty or hospital dentistry needed Explain:
<input type="checkbox"/> Transportation assistance		
<input type="checkbox"/> No show		
<input type="checkbox"/> Lost to care mid-treatment	<input type="checkbox"/> Needs follow-up for emergent problem Explain:	
<input type="checkbox"/> Needs follow-up for possible problem (CHDP/MD referral, not yet evaluated/ diagnosed)		

**D. Reasons Dental Office Unable to Bring Patient into Care (Check all that apply)**

<input type="checkbox"/> Phone disconnected	<input type="checkbox"/> Wrong phone number	<input type="checkbox"/> Mail/e-mail/text returned undeliverable
<input type="checkbox"/> No response to mail/email/text	<input type="checkbox"/> Specialty dental care needed – unable to accommodate	<input type="checkbox"/> Hospital dentistry needed
<input type="checkbox"/> Other, Explain:		

**E. Requesting Dental Office – Continued Patient Relationship**

Office would like to continue to see patient       Patient would be better served at another office

For Local CHDP Use Only – Result of CHDP Follow Up Outcome		
Date Request Received:	Contact Made <input type="checkbox"/> Assisted patient with appointment Date & Time:	No Contact Made – Request Closed <input type="checkbox"/> Attempt #1 Method: Date and Time:
Date Request Closed:	<input type="checkbox"/> Patient/family moved out of county/state Date & Time:	<input type="checkbox"/> Attempt #2 Method: Date and Time:
Update/Resolution to Dental Provider Date and Time:	<input type="checkbox"/> Patient/family refused assistance Date & Time:	<input type="checkbox"/> Attempt #3 Method: Date and Time:
	<input type="checkbox"/> Linked patient with another provider Date & Time:	
	<input type="checkbox"/> Patient/family wants to delay care/treatment Date & Time:	

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More information about the CHDP dental follow-up process will be distributed by the local CHDP program through a mailing. General questions regarding the new CHDP program follow-up process or regarding this article may be directed to the CHDP program mailbox at [chdpprogram@dhcs.ca.gov](mailto:chdpprogram@dhcs.ca.gov).

## Verifying Member Identification

Medi-Cal Dental would like to remind providers that member eligibility for the Medi-Cal Dental Program is determined by a County Social Services office and reported to the State of California. When a member is eligible for Medi-Cal, he/she will receive a Medi-Cal Benefits Identification Card (BIC). While the BIC serves as a permanent identification for a Medi-Cal member, possession of the card **does not** guarantee eligibility for Medi-Cal benefits. **A member's Social Security Number (SSN) is also an allowable method to verify Medi-Cal eligibility and is especially important when providing necessary services to foster children whose foster parents may not have the child's BIC readily available.**

Providers should always verify Medi-Cal eligibility prior to rendering services. Providers may access the Medi-Cal Automated Eligibility Verification System (AEVS) or the [Medi-Cal website](#), and, with the member's approval, may use the member's BIC or SSN to verify eligibility. Please note that verifying eligibility on the Internet does require providers to complete and mail the [Medi-Cal Point of Service \(POS\) Network/Internet Agreement to the POS/Internet Help Desk](#). Providers can also verify eligibility by calling Medi-Cal AEVS at (800) 456-AEVS (2387).

If the member is unknown to the provider, the provider is required to make a "good faith" effort to verify the member's identification. A provider can do this by matching the name and signature on the Medi-Cal issued ID to that on a valid, **current** photo identification (a California driver's license, a photo ID card issued by the Department of Motor Vehicles, or any other document that appears to validate and establish identity). Providers must retain a copy of this identification in the member's records.

In accordance with Provider Handbook [Section 4 - Treating Beneficiaries](#), there are some circumstances where no identification verification is required. Identification verification is **not** required when:

- The member is 17 years of age or younger;
- The member is receiving emergency services;
- The member is a resident in a long-term care facility.

A Medi-Cal eligible member may receive dental services through the Medi-Cal Dental Program. However, some restrictions may apply to the following individuals:

- Assigned special aid codes
- Limited to minor consent restricted services

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Please remember that a Medi-Cal member's eligibility is not necessarily a guarantee of payment by Medi-Cal Dental and each requested procedure must meet all criteria and policies.

For more information on verifying member identification and Medi-Cal dental member eligibility, please refer to [Provider Handbook](#) or call the Telephone Service Center at (800) 423-0507.

## Go Green! Submit Documents Electronically through Electronic Data Interchange

Looking for a way to reduce your carbon footprint? Go paperless with Electronic Data Interchange (EDI). EDI submissions make billing and tracking documents easier and helps maximize practice management system capabilities. You can enroll to participate by visiting this link: [EDI program](#).

Enroll in the EDI program to submit Claims and Treatment Authorization Requests (TARs), Notices of Authorization (NOAs), and Claim Adjustments electronically. As an EDI-enrolled provider, you can also receive NOAs, Resubmission Turnaround Documents (RTDs) and Explanation of Benefits (EOB) data electronically.

Medi-Cal Dental receives more than 65% of documents electronically. You can determine your own potential **cost savings** in submitting claims electronically by using the EDI savings calculator available on the National Dental EDI Council [website](#).

Along with EDI documents, Medi-Cal Dental also accepts digitized radiographs and attachments submitted through the following electronic attachment vendors: Change Healthcare, DentalXChange, National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Additional information can be found in the [EDI How-To Guide](#).

For information on how to enroll in EDI, please contact the Telephone Service Center at (800) 423-0507, or call (916) 853-7373 and ask for EDI Support. EDI-related questions can also be emailed to [denti-calEDI@delta.org](mailto:denti-calEDI@delta.org).

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# Outdated Versions of Treatment Authorization Request (TAR)/Claim Forms No Longer Accepted

Medi-Cal Dental is decommissioning outdated versions of the Treatment Authorization Request (TAR)/Claim form. Effective January 30, 2020, providers must use a current version of the TAR/Claim form when submitting to Medi-Cal Dental. The current TAR/Claim form numbers and revision dates are:

- DC-202 (R 08/13) and (R 10/19) - for filling in by hand
- DC-209 (R 07/13) and (R 10/19) - for pin-fed printers
- DC-217 (R 9/13) and (R 10/19) - for laser printers

Providers can confirm that they are using the most current version by checking the revision date at the bottom of the form. If you have outdated TAR/Claim forms in your dental office, please recycle the old forms and reorder new ones.

To order current TAR/Claim forms, please complete and fax the Forms Reorder Request to the number on the form. Providers can find the Forms Reorder Request on the Medi-Cal Dental website [here](#).

For information on how to complete the TAR/Claim form, please refer to the Provider Handbook [Section 6 - Forms](#), pages 6-6 and 6-7. For questions about the TAR/Claim form decommissioning effort, please contact the Telephone Service Center at (800) 423-0507.